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July 20, 1983

CORRECTED BRIEF MEETING SUMMARY

11/5/83/aml

BRIEF MEETING SUMMARY

MEETING: AD HOC Committee - EMT Testing/Training/Certification
Meeting Held Thursday, July 7, 1983 at 6:30 P.M.
At Prince Georges County Administration Building,
Upper Marlboro, Maryland

PARTICIPANTS:

- Thomas Baginski - Maryland Fire Rescue Education & Training Commission
- Frank Barranco, M.D. - Field Medicine
- John Barto - Region IV EMS Associate Coordinator
- Mary Beachley, R.N. - REMSAC
- Marcus Bramble - Region IV EMS Coordinator
- William Clark - MIEMSS
- Alasdair Conn, M.D. - MIEMSS
- Robert N. Dempsey - Maryland State Firemen's Association
- M. H. "Jim" Estep - Metropolitan Fire Chief's of Maryland
- Leon Hayes - Charles County Emergency Medical Services
- Albert Henley, Jr. - ALS Committee -
M.C.F.R.A.
- John W. Hoglund - Maryland Fire Rescue Institute
- Louis Jordan - MIEMSS
- Leonard T. King - Maryland State Firemen's Association
- Robert P. Lynch - Maryland State Ambulance & Rescue Association
- Mary Beth Michos - REMSAC
- James R. Miller - Prince George's County Fire Department
- Charles Mooney - Baltimore County Fire Department
(representing Paul Reincke)
- F. E. "Ted" Porter - State Board of Higher Education
- David Ramsey - Region I EMS Coordinator
- Charles W. Riley - Maryland State Firemen's Association
- Ronald Schaefer - MIEMSS
- Kerry Smith - Region III EMS Coordinator
- Michael Smith - Region II EMS Coordinator
- Marie Warner - Region V EMS Coordinator
- Curt Wilkerson - ALS Committee Maryland State Firemen's Association

The meeting was convened by Mr. Charles Riley in the absence of Dr. Cowley.

Mr. Riley began by apologizing for Dr. Cowley, who had experienced a death in the family and was unable to attend. He stated that it was the feeling of Dr. Cowley that the

meeting should proceed.

He also thanked Chief Estopp for his hospitality for holding the meeting, for the refreshments that had been served and for the opportunity to visualize the audio visual materials prepared by the Prince Georges Fire Department to encourage local recruitment.

Mr. Riley then asked for approval of the minutes. Dr. Barranco suggested that an amendment on page 6 of the date of the next meeting be changed to reflect the exact date. This change having been made, he made a motion to accept the minutes. They were approved as read.

1.0 Reorganization of AD HOC Committee Membership.

- Mr. Riley introduced this item by stating that in his conversations with Dr. Cowley, the question of whether the AD HOC Committee should continue to function and in what capacity should be addressed. Dr. Cowley had explained that many of the concerns that had been raised were due to lack of communication and he wished to determine if the AD HOC Committee should continue and, if so, in what capacity.
- Discussion ensued. Historical perspective was given on how the AD HOC Committee was formed and how later additional participation from the Metro Fire Chiefs and medical input by Dr. Barranco was added on. The consensus was that the Committee did function as an informational committee and could also give Dr. Cowley valuable input concerning new or existing policy. Mr. Riley asked the members if there was anybody that was not represented at the AD HOC forum. Amongst those present there was the feeling that all agencies and providers were represented through one or more members of the committee.
- Mr. Leonard King from the floor suggested representation of the Federal Employee EMT's and Ted Porter noted that the Union of Fire Fighters was not represented.
- It was indicated that the group was appointed by Dr. Cowley and that if there was any provider group that was not represented, they should approach Dr. Cowley directly.
- Mr. Robert Lynch made a motion that the AD HOC Committee should be continued as formulated. This was seconded by Dr. Frank Barranco. After a brief discussion, the Chairman asked for a vote by organization. The vote was unanimous in favor of continuing the group.
- Dr. Conn then raised the concern that if the AD HOC was to continue, in addition to formulating a new name, perhaps a mission statement could be generated.
- New names were then suggested. It was determined that the Committee was advisory in nature and was appointed by the

Director of MIEMSS. It was pointed out that at the time of initiation of the AD HOC Committee, there were very few CRT's within the State of Maryland. The consensus was soon reached that the group was a pre-hospital advisory group to Dr. Cowley

- A motion was made by Chief Estep to call it "The Director's EMS Pre-Hospital Advisory Group". This was seconded by Dr. Barranco and was carried unanimously.

2.0 Mission Statement.

- The following motion was made by Chief Estep that the mission of this group is "to provide an advisory forum of the representative field providers, trainers, and the certification agencies in order to provide guidance in pre-hospital EMS matters to the Maryland State Director of EMS."
- The motion was seconded by Mr. John Hoglund and passed unanimously.

3.0 Participation.

- The question then arose as to which organizations should have votes in this group. Also a question was raised from the floor from Captain Mary Beth Michos as to whether the By-Laws should be adopted and should a group of EMS instructors develop, how would they go about applying for membership on the Director's EMS Pre-Hospital Advisory Group?
- It was the consensus of the group that any such inquiry for participation should be directed to Dr. Cowley and that the By-Laws should not be adopted at this time. It was stated by the Acting Chairman that should By-Laws become necessary at some future date, they could easily be developed. The concern was expressed at not making the group too formal.

4.0 Other Business.

- Chairman Riley initiated discussion concerning the reorganization within MIEMSS.

4.1 Reorganization.

- Dr. Conn informed the group that since the retirement of Mr. Gretes in early May, Field Programs had been reconsidering its mission and its reorganization. At this time, a draft organization chart of the Field Programs was distributed for review. Dr. Conn explained his role was medical, giving medical direction and control, and speaking with hospitals and physicians within the EMS system.
- Mr. Bill Clark has assumed the functions of the Chief

of Field Operations in an executive capacity and would be responsible for the day-to-day operations of Field Programs, liaisioning with the Fire Chiefs and the Maryland State Firemen's Association. The changing roles of the EMS Coordinators had necessitated a change to becoming EMS Administrators. Changes within the Office of Testing and Certification were presented, together with an update of the EMT and CRT computerized register.

5.0 New Business.

- Chairman Riley then called for any new business.

5.1 CRT Program.

- Dr. Conn stated, as a point of information, that there had recently been inquiries from the field concerning the CRT program. These were concerning the changes in the program standards. He had spoken with legal counsel, the State Board of Medical Examiners, who agreed that this needed further deliberation. Both MIEMSS and legal counsel then approached the State Board and asked that the implementation of program standards of April 22, 1983 be placed on hold and that the content in both the program standards and regulation should be reviewed. The State Board has concurred with this request and, as of this time, all CRT's within the State of Maryland are operating under the old standards (those in effect prior to April 22). Dr. Conn went on to state that the whole legal process would take approximately six months to effect, so any changes in regulations or program standards would occur in mid-1984.
- Chairman Riley stated that under New Business he was bringing up concerns with the EMT-A program. He then called for a three minute recess.

5.2 EMT-A Program.

- The Chairman recalled the meeting and Chief Fuston addressed the group. He described the experience of a MIEMSS administered five-station practical and then the three-station practical. He pointed out that, in both cases, the practicals are very similar in that they each tested five skills. He stated that from his point of view, all that would happen would be that the pressure on MIEMSS concerning the practical evaluation would now be addressed to MFRI. Chief Fuston discussed the pass rates for these two tests and explained that some of the concerns might be if a person graduates from the fire side, they may be serving an apprenticeship for over a year, prior to be giving orders, but that on the ambulance side it may be that the day after certification, a new EMT may be making life and death decisions.
- Chief Estopp added to Chief Fuston's comments that it

was his understanding that these pilot projects would be directed at effecting a different way of verifying practical skills performance. He did not feel that the present pilot practicals were addressing these issues.

- Mrs. Beachley representing REMSAC indicated that a sub-committee had been looking at the problems with the EMT-A practical, but indicated that looking at the practical evaluation was merely looking at one aspect of the problem. She indicated that on interviewing many students, other problems emerged. She quoted specifically that students complained the classes were too large, they were not getting enough instruction, and there were skills that the students did not feel comfortable with by the time of the examination. She stated that to ignore these expressed concerns and merely adjust the practical would not be attacking the basic problem and the whole EMT-A program needs to be reevaluated.
- Mr. Clark pointed out that much of the confusion arose because, as a matter of fact, the three station practical had turned out to be a five station practical.
- Mr. Schaefer then updated the group with a brief review of the thirty (30) pilot practicals that have been conducted throughout last year. Mr. Schaefer pointed out that the practical that had the shortest student contact time and had the highest pass rate was the five station no re-train, no re-test. He agreed with Chief Estep that this was a complete reversal back to earlier stages of the EMT-A practical evolution.
- Chief Estep then indicated that the practical evaluation, as it exists now, is very dependent upon the evaluator.
- Dr. Barranco then indicated that at the practical he had witnessed, the instructor had correctly identified the students that would fail but still completed the verification of course completion. He also expressed concern that students had not received a copy of The Maryland Way as a skills manual. Dr. Barranco also expressed concern about the quality of the evaluators many years ago and stated that the lack of consistency was one of the causes of continuous criticism of the EMT-A practical.
- There was added discussion on the time required to complete the various pilot practicals and the number of evaluators for each type of pilot.
- Mr. Hoglund then expressed the concern that it was now the beginning of July and still no plan for testing of the EMT's for the next school year had been finalized.
- Chief Estep then asked Dr. Conn if it was possible to have some outside consultant examine the whole process

and come up with potential solutions to solve the administrative problems from the one side and the clinical care concerns on the other. Dr. Conn responded that this was certainly possible but it would be unlikely to have a definitive result prior to the new school year.

- Dr. Barranco then made a motion that for the next school year a five station, no-retain, no-retest practical should be instituted. This motion was seconded by Mrs. Mary Beachley.
- In the discussion, Chief Estep raised the concern that certain EMS staff were resistant to change. Dr. Barranco stated that his motion was merely to allow planning for testing to proceed for the next school year.
- Dr. Conn then reiterated that if there was an improved way of performing the practical that was more efficient, caused less bureaucratic headache and still provided a fair and equitable examination, then MIEMSS would be fully supportive of this change.
- Chief Estep again expressed concern that no solution had been found and stated that if no relief were found, several of the jurisdictions might have to drop out of the EMT-A program.
- Mr. Hoglund then stated that there was much discussion concerning quality control and if one could identify an acceptable level of competence and acceptable failure rate then the program would be easier to administer.
- Chairman Riley then stated that in a motion he would have to abstain, pending a review by the Maryland State Firemen's Association's Executive Committee.
- Chief Mooney, representing Chief Reincke, stated that he had only to discuss the certification policy labeled "Final Draft" that had been distributed prior to the meeting.
- Mr. Jordan, from the floor, stated as per the last AD HOC Committee meeting the decision had been made to go with one statewide practical examination and this would be the unrestricted, thus allowing reciprocity with other states.
- Discussion ensued as to whether the proposed practical would allow this reciprocity. Concern was raised about the mechanism of appeal process. Concern was then raised about the inconsistency of both course objectives and evaluation throughout the state.
- Mr. Porter stated that we should get away from quick fixes, but rather address the whole problem.

- Mr. Pat Marlett of MFRI then posed some of the questions that should be asked the consultant group.
- Chief Estepp explained further that an outside person with expertise taking an independent view could perhaps offer very constructive criticism.
- Mr. Schaefer indicated that the ambulance runsheet had been utilized to determine the types of injuries that EMTs are encountering on the street.
- Chief Estepp then stated, as an interim measure, we should proceed with some form of practical test but asked that this study group be set up to examine all aspects of the EMT-A program.
- Questions were raised as to whether this would be a re-test and re-train evaluation. Further discussion ensued. Great concern was raised that very little progress had been made since the December AD HOC meeting.
- Mr. Porter, in particular, stated that he had not seen a staff evaluation of the statement of the factors involved, the alternatives that could be considered, and the recommendations that could come forth.
- Dr. Barranco then withdrew the motion and Mrs. Beachley agreed to withdraw the seconding of that motion.
- After further discussion, Chief Estepp made a motion that the group concur with Dr. Cowley to put the EMT-A pilot program on hold as he indicated at the Ocean City Firemen's Convention. The motion was seconded and passed. Mr. Riley abstained.
- Chief Estepp also made a motion that the EMT program for the school year 1983-1984 should be administered by MIEMSS. After verification that this will be a five-skill practical, the group concurred with this motion.
- Chief Estepp made a motion that the group recommend to Dr. Cowley that a total systems evaluation of the EMT-A program be made, that MIEMSS should provide the funding, and that a report be presented with recommendations by March 1, 1984. The motion was seconded and passed with one abstention by Mr. Riley. He explained that he would have to defer his decision until the meeting of the Executive Committee of the Maryland State Firemen's Association.

5.3 - Equipment.

- Mr. Hoglund raised the question of whether other equipment should be allowed in the training sessions, other than standardized equipment. A recommendation to the Director was made that would require the sponsoring agency to request permission to use their equipment prior to the start of the course. This request should be made to the Medical Director of the Field Programs.

- Dr. Conn indicated that, according to a survey, very few pieces of equipment were not standardized but many of the larger jurisdictions (Baltimore City for example) had a different oxygen regulator than that in The Maryland Way. Standardized equipment was agreed to by a motion at the previous AD HOC Meeting.

5.4 Financial Support.

- Mr. Dempsey asked a question as to how much additional money would be required by MIEMSS and MFRI to implement the procedures decided on at that meeting.
- Dr. Conn indicated he would have to obtain a more accurate assessment of the scope of the study prior to determining a budget. He stated if MIEMSS could absorb the cost, then MIEMSS would.

6.0 Adjournment.

- The meeting was adjourned at 11:30 P.M.



Bev Lopp

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July 20, 1983

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He also thanked Chief Estep for his hospitality for holding the meeting, for the refreshments that had been served and for the opportunity to visualize the audio visual materials prepared by the Prince Georges Fire Department to encourage local recruitment.

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- The motion was seconded by Mr. John Hoglund and passed unanimously.

3.0 Participation.

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- Dr. Conn indicated he would have to obtain a more accurate assessment of the scope of the study prior to determining a budget. He stated if MIEMSS could absorb the cost, then MIEMSS would.

6.0 Adjournment.

- The meeting was adjourned at 11:30 P.M.



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OFFICE OF THE DIRECTOR

February 21, 1983

TO: Members, AD HOC Committee EMT Training/Testing/
 Certification
 FROM: R Adams Cowley, M.D. *RAC*
 SUBJECT: Attached Brief Meeting Summary of Meeting held
 February 3, 1983.

Herewith is the Brief Meeting Summary of the AD HOC
 Committee meeting held on February 3, 1983.

The next meeting will be scheduled as soon as the formal
 proposal is prepared in final form. The poll of the mem-
 bers favored the Three Station Practical Skills Evaluation.

I thank each of you for your interest and participation.

RAC/dae

CC: Alexander J. Gretes



UNIVERSITY OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

Ms. Beverly Sopp

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February 18, 1983

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Upper Marlboro, Maryland

PARTICIPANTS:

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Commission
Smith N. Stathem, Jr. - Maryland State Firemen's Association
Ms. Margaret Costella - Intern - University of Maryland -
Baltimore County
Dennis Evans - MIEMSS
Alexander J. Gretes - MIEMSS
Ms. Ellen Hewitt - St. Mary's County
Jesse Jackson - Maryland Fire Rescue Institute
Ms. Richelle Kennedy - Intern - University of Maryland -
Baltimore County
James Miller - Prince Georges County
F. E. "Ted" Porter - State Board of Higher Education

1.0 The Brief Meeting Summary of the December 14, 1982
Meeting was approved as written.

Dr. Cowley took this opportunity to thank Chief Estep
for hosting this meeting and providing the excellent
meeting room and food arrangements.

Dr. Cowley also introduced Dr. Frank Barranco and Mrs. Mary Beachley as new members of the Committee.

2.0 Proposal to EMS/Fire and Rescue Services in Maryland.

2.1 Comments.

- At the request of the Chairman, the historical background for the EMT-A Practical Skills Evaluation Proposal was presented.
- Comments from the AD HOC Committee Members concerning the proposal were solicited.

- Smith Stathem.

- Executive Committee of the Maryland State Firemen's Association endorsed the original proposal presented.
- Statewide training guidelines should be standard for each of the counties.
- Any revisions would require the recommendations and endorsement of the Executive Committee.

- Chief Paul Reincke.

- ^{original?} The proposal in principle was endorsed. There were some questions, and these questions would be answered this evening.
- A statewide standard should be established; and each county, once the EMT-A had been certified, would be permitted to train above that standard. } *current situation?*
- The Practical Skills Evaluation should be conducted at the end of the course.
- The Practical Skills Evaluation was a very important part of the total training of an EMT-A.
- Examples were cited in which there were differences in the practical skills capability of individuals from different jurisdictions.

- Each EMT-A should be expected to meet a minimum standard.
- The question of CRT Reciprocity ^{is this related?} between counties surfaced, and the explanation presented was that a physician within the county was assuming responsibility for the CRT.
- Chief Estapp.
 - The misconception existed in the field that P. G. County precipitated the proposal. It should be clarified that the concept for the proposal came from the Metropolitan Fire Chiefs.
 - There was a point to be made that each high school does not have an inspector on-site to be certain that classes are being taught correctly.
 - Prince Georges County is very much in favor of the proposal and praised the proposal.
- Mrs. Mary Beachley.
 - There was a great deal of misinterpretation in the field.
 - ^{what is this?} A report sent by REMSAC reflected the views of the majority of the members.
 - ^{what news?} A great deal of peer pressure is on the instructors, particularly in rural areas.
 - Failure is a variable that includes all phases of the educational process and should be looked upon in that sense.
- Chief Estapp read a letter (a copy of which is attached) stating the minority report of Prince Georges County.
- It was his opinion that the REMSAC Report demeaned the jurisdictional Fire Chief and his responsibility to his citizens.
- Reciprocity could be established through mutual aid agreements.

- Dr. Cowley assured the Committee that MIEMSS will assist.

- Charles Riley.

- Wished clarification of the sponsoring agency and stated that in rural areas the sponsoring agency would be MFRI.
- (The final proposal would be presented to the MFRETC for its endorsement.
- (MFRETC would meet on February 17, 1983, and it was desirable that a representative of MIEMSS be present to present the proposal and answer questions.
- (The number of stations must be clarified.
- (The method for retraining should be described.
- (The Practical Examination should be given at the end of the course.
- Speaking for Harford County: Harford County, at its last meeting, had unanimously adopted the proposal.

- John Hoglund.

- All MFRI instructors were provided a copy of the proposal, and their comments requested. To date, some of the instructors have responded.
- Central Administration of the University was aware of the proposal.
- The University makes the final decision for MFRI.
- The resources and funding necessary would be studied.
- (The courses would be conducted by MFRI if they were funded and sponsored by MFRI.
- (Retraining at the examination site would not take place. Special remedial training methods would be used.

- Peer group pressure towards instructors is a reality; however, an instructor has his responsibilities to carry out his task assignment.
- (The liability, should such occur, would extend to the instructor.
- The quality of the EMT-A would continue to increase.
- Any modifications in the existing program should take place at the beginning of the school year.
- Instructors have repeatedly stated that additional time is needed to teach the skills.
- There are thirteen sponsoring agencies within the State of Maryland, in addition to the private contract-courses.
- (That MFRI was not accepting the certification of EMT-As but would accept the authority for the end-of-a-course Practical Skills Examination.
- In the past, the question has been repeatedly asked but without answer:
 - What is the acceptable failure rate?
- John Fuston.
 - Abstained.
 - (The Council of Academies would accept the decision of the AD HOC Committee.
- Frank Barranco, M.D.
 - Comprehensive hands-on training is extremely important.
 - Experience has shown that double reenforcement is necessary for skills retention.
 - (Practical skills training should not end with certification, but should be continued at the local level.

- Robert Lynch.

? - (Has the endorsement to go with the local jurisdiction authority.

- (Reciprocity was not a problem to his group.

- Mr. Ted Porter, speaking on behalf of the State Board of Higher Education, stated that a copy of Mr. Page's letter had become available, and that his superior felt the letter was an outrage and written without complete study of the Maryland System and the facts available from the field.

- (Mr. John Hoglund wished to offer an Amended Proposal from MFRI.

- (The mechanics of the Amended Proposal could be worked out without a great deal of difficulty.

- (An end-of-the-course skills practical was necessary.

- MFRI promises to work with the statewide EMS System and carry out its responsibilities.

- (Jesse Jackson felt the proposal was a great step forward and distributed a Suggested Amendment to the Proposal.
attached?

- (Dr. Alasdair Conn presented a Modification to the Proposal which is attached.
original? yes

- (A motion was made and approved that CPR training be given during the course and that the CPR Qualifying Examination be given prior to the Final Examination.

- (It was felt that implementation of the Modifications to the EMT-A Practical Skills Testing begin after the First of July 1983.
yes

- (Baltimore County and Prince Georges County were willing to begin pilot programs as soon as the guidelines and standards were established. Both of these jurisdictions were willing to adhere to a Three-Station Practical, the Third Station being CPR, which may be conducted at any time prior to the Qualifying Exam, and that the Practical Exam portion then consist of the other two stations.
yes

- Dr. Cowley appointed Messrs. Ted Porter and Alexander Gretes, both non-voting members of the AD HOC Committee, to form a subcommittee to address the guidelines and implementation of the EMT-A Practical Skills Evaluation. Dr. Cowley reiterated that he wished this task completed as soon as possible.
- A polling ^{of whom? AD HOC members} would take place on Wednesday, February 9, as to the number of stations that would be approved for statewide standards.
- Dr. Cowley announced that Mr. Dennis Evans would be the MIEMSS contact for the AD HOC Committee.
- Plans for the next meeting were delayed until all necessary documents will include Dr. Conn's proposal.

RAC/bam.

Attachments